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121 church. The technique of the obstetrician is remote from the religious ritual of baptism; the practical problem of disposing of a dead body is attacked by a practical specialist, while the expression of the feelings of the bereaved is assisted by conventionalized ritual which is religious rather than magical.

177 184 Such, at least, is the suggestion coming from the literature; it is made also by the materials from Tepoztlán. In this village the practices followed by one family or another on occasions of marriage, death, and most particularly birth, probably differ considerably; and these differences will, it seems clear, be found to depend largely on the degree of sophistication of the family considered. *Los tontos* preserve the old traditional practices; with them the magical and the practical are still an inseparable whole. An in- [844] formant from this group describes the practice of putting tallow on the umbilical cord of a newborn child and that of burying the placenta underneath the fireplace with no feeling that these customs are of different sorts; because in her group they are no different. Both equally affect welfare; one might just as well be omitted as the other. The midwife is magician- [846] priest rather than obstetrician; she eats the same food [759] as her patient as long as their relation of intimacy is maintained during postnatal care. But among *los correctos* there is probably a tendency to relegate the non-practical usages to the rank of superstitions, and to omit them entirely. This tendency grows, and [182] grows slowly; the society is not breaking down; it is merely changing, and the gradual process of change

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for use as a remedy for eye trouble. In correct practice the afterbirth is buried in the hearth [*tlequil*]. Ashes are put over it and then the fire is lighted.[1] "Some throw the afterbirth into the *corral* but this is not good because then the mother suffers."

Just before and just after the birth the mother may take an infusion of a plant known as *tlatlantzcametl*.[2] The child is bathed "usually about six hours after birth but always at eleven or twelve in the morning because it is warmer then." Rosemary is boiled with water and put in a washbasin with a small cup of alcohol. As the child is being bathed, still more alcohol is thrown on its head. It is given to wear a shirt of unbleached muslin, a cap or bonnet, and a diaper, and wrapped in a sheet and cotton coverlet. After bathing the child the midwife receives *clemole*, beans, a cup of wine, and a box of cigarettes.

The new mother, who is supposed to stay in bed or at least to remain at home for a month, is cared for during the first week by the midwife, and after that by her own mother. The midwife comes every day and binds up the patient with the *ceñidor*. She makes a doll of rags and ties this against the patient's abdomen. The doll is worn for a month and a half, from the first day on. During the first week the new mother and the midwife, who must eat the same food as her patient, observe food restrictions. For breakfast the mother may not drink coffee, or chocolate, but only warm cinnamon water, which is taken with bread. She may also eat dried meat toasted in the *comal* with a small amount of *chile pasilla*. For dinner some eat nothing but *clemole*, but with washed *chile* and no onion. The patient cannot take food that is very hot or very cold. Milk will chill the stomach. She cannot eat honey, sugar cane, or eggs. During the first two days after the birth the relatives, friends, and neighbors all come to visit. They bring with them pitchers of cinnamon water, or, if it is noonday, jars of *clemole*. After the first three days it is well to give a new mother *necuatole*, which is *atole* of cinnamon made with wild fowl.

[1] Sahagun tells us that the umbilical cord of a girl was so disposed of by the Aztecs.

[2] Unidentified.

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After the first week has passed all the women and girls of the house bathe together in the *temazcal*. First they eat *clemole*, of which there is a large *olla*. They make little baskets of maguey fiber [S. *estrepaco;* N. *ixtli*] containing pieces of soap for all those who are to bathe in the *temazcal*. If it is the first child, the godmother, who is always present, makes a *cacomixtle* of *estrepaco* with a cake of soap worth ten *centavos* inside it. The new mother is carried to the *temazcal* by a man. The others, including the midwife, bring with them into the *temazcal* a quarter of a liter of alcohol and an egg mixed together in a basin. The body and hair of the new mother are washed by the midwife, and the alcohol and egg mixture is thrown over her. All cover themselves with leaves, and as the fire heats, lie down on a *petate* until the perspiration comes. Then all wash again with warm water, soap, and *estrepaco*. The midwife does everything for the mother, finishing by binding her up with the *ceñidor*.

Every week, as long as she stays in bed, the new mother and all those who are looking after her must bathe in the *temazcal*. Since this period usually lasts a month, this makes four baths. Some, however, reduce it to two weeks—"two *temazcals*."

As soon after the birth as possible [it may even be the same day], the child is taken to the church for baptism.[1] The child is taken by the godfather and godmother. After the baptism chocolate is drunk and *mamon*[2] is eaten.

When the mother first goes out of doors after birth, thirty or forty days thereafter,[3] the child is dressed in new clothes, and the mother, in company with the godparents, takes it to hear

[1] The absence of the priest is most felt in the omission of baptism. "Now our children are like animals."

[2] A cake of egg and cornstarch.

[3] There is an inconsistency in the accounts as to the time. It should probably be forty days, because Christ was presented in the Temple forty days after birth (Candlemas). Gamio, describing the *tacamiza* (not so named there) for Teotihuacan, says that the purpose of the ritual is to solemnize the choice of godparents. Nothing in the Tepoztlán materials would confirm or deny this meaning. But it apparently has, in Tepoztlán, the meaning of a rite of passage; it introduces the child and reintroduces the mother into the community. On that day the rag doll (symbolizing the child in the womb) is taken from its place on the mother's abdomen.

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463 usual need, there is always someone who is expected [439] to step into a special rôle and exercise a special function for that crisis.

In general, the specialists of the sorts just listed are [565] *correctos*. But there are other specialists that seem to fall into another class, to represent a different type of specialization of function. The specialists of this second class are, in the main, *tontos*. These are:

[759] Thirteen [perhaps more] herb-doctors [S. *curanderas;* N. *tepahtiani*]: With one exception, a man up in Los Reyes, these are women. They have a command of the folk knowledge of medicine. They are called upon in sicknesses of any seriousness. A large part of their technique is the preparation and administering of herbal remedies.[1]

[759] [844] Ten [perhaps more] midwives [S. *partera;* N. *amantecatl*]: These are always women. There is no case in the materials of a midwife who is also an herb-doctor. The specialties are quite distinct.[2] They are called in to attend all births. Their technique has been described in the preceding chapters.

[533] Three *chirimiteros:* These men play the traditional strain of music on the roofs of chapels and in the yards of the *mayordomos* at *fiestas* celebrating *santos*. None of them are young men. The act is entirely ritualistic. There is no pay but food and drink. Most *chirimiteros* carve their own *chirimías* out of *zopilote* wood. This is also a special technique.

[794] Two [or three?] *huehuechihque:* These are men who know the traditional words used in summoning people to pay their contribution for the *santos*, and those used in thanking them when

[1] In asking if a woman sets herself up as an herb-doctor, the phrase is *Sabe hervir?* ("Does she know how to boil?")

[2] There is also some evidence that some *curanderas* specialize in certain diseases.

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178 776 *ahuahque* are the mountain-dwelling, terrifying gods of thunder and rain, and are not connected with disease.

755 757 These limited materials suggest that in general the medical treatments in use in Tepoztlán are like those of all folk communities—a stock of traditional curative acts tending to be ritualistic. But, to a certain extent, there is available to an afflicted invididual the [369] choice of applying remedies of the city. Not a few have lived in the city and have learned to use some of the drugs in official pharmacopeias. One or two in- [278] dividuals in Tepoztlán keep a few commercial drugs [444] on hand for sale. There are drug stores in Cuernavaca, and not infrequently an individual, even a *tonto*, [484] will walk there to secure a medicine. A prolonged [752] toothache, which has survived the ministrations of the herbalist, may cause the sufferer to go to Cuernavaca to have the tooth extracted.

177 757 It might be supposed that this choice of remedial systems would in time bring about an experimental attitude on the part of Tepoztecans and favor the extension of rational conduct in the treatment of disease and the corresponding diminution of magical behavior. A collection of cases might show the mech- [369] anisms of the process. What affect the city ways are having on the attitude toward disease is, however, probably slowly felt, and so far the traditional cures are paramount. During two or three months of 1925 [759] or 1926 a Bulgarian doctor,[1] one of the few Europeans

[1] Known to the Tepoztecans as a German.

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to take up residence in Tepoztlán, attempted to develop a practice of medicine in this community of over four thousand. Although well liked, he was unsuccessful in his attempts to secure a practice; people continued to go to the herbalists, and he moved to Yautepec. It seems probable that the city treatments are, at first, simply incorporated into the general body of magical practices. Like people in distress everywhere, a Tepoztecan turns first to the cure with which he is familiar; if it fails, he turns to one less familiar, perhaps a more grossly magical practice from a mental world he has in general left behind him, perhaps an alien practice of the outside world into which he has not yet come.

The baby son of J. S., perhaps the best-educated man in Tepoztlán, a leading *correcto*, fell sick of an intestinal disorder on Monday. On Tuesday J. S. went to the shoemaker to get some medicines from him. The shoemaker prescribed opium and mercury pills and advised that the baby's stomach be rubbed with cold water. This was done. The baby was no better Tuesday, and J. S. sent to Yautepec to ask the doctor there for medicine. Meanwhile the baby grew worse, and J. S. rode up into the hills to find a kind of rose which is frequently steeped to make a remedy for intestinal troubles. This was administered to the baby. At night a patent medicine arrived from the doctor. The following day the baby was no better. On the advice of a neighbor the baby was given more herbal remedies, and its stomach was rubbed with suet. Meanwhile little care was taken with modifying the sick child's food. The next day the doctor came and the child was cured.

R. C. is a man who has spent a short time in Mexico City. He can be described as a *tonto* more sophisticated than most. One

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than the national average of 48.6 for the same period. It should be noted, however, that the birth rate varies considerably from year to year. The data in Tables 6 and 7 were obtained from the Federal Department of Statistics in Mexico City, which in turn gets its data from the municipal registry in Tepoztlán. To check on the reliability of these data I examined the local registry for the five-year period from 1939 to 1943. I found that not all births are recorded, and that many births are recorded years after the event. For example, three births which had taken place in 1926 were included in the record for 1941. Out of 284 births recorded in the register of 1939, 45 were born in other years; 42 out of 251 in 1940; 63 out of 245 in 1941; 68 out of 299 in 1942; and 64 out of 245 in 1943. In other words, of 1,324 births recorded during this five-year period, 282 were not born in the year in which they were recorded. It should be noted, however, that most of the cases were only one year late. And the fact that the procedure of including births from other years is a regular one tends to reduce the margin of error. Thus, while these statistics leave much to be desired, they do indicate general trends.

The average rate of infant mortality for the eleven-year period 1930 to 1940, inclusive, was 102.3 and the general mortality for the same period was 20.2. While both figures are high when compared with death rates in rural areas in the United States, it must be noted that they are considerably lower than the figures for the state of Morelos as a whole, for which the comparable figures were 133.6 and 30.2, respectively. The general mortality rates for the 31 municipios of the state of Morelos shows the municipio of Tepoztlán to be in the lowest quartile, third from the bottom, again indicating the relatively healthful location of the village. Furthermore, the infant mortality rate for Tepoztlán was also lower than for rural Mexico, which was 121 for the five-year period 1939 to 1943, inclusive.[87]

The mortality figures, like the birth figures, show a marked variation from year to year. However, the general trend for Tepoztlán was toward a sharp lowering of the mortality rate, especially in the case of infant mortality, witness the drop from 198.1 of 1930 to 59.8 in 1940. How can we explain this trend?

Probably the most important factor in the decrease of the infant mortality rate has been the increase in and greater availability of medical services. Tepoztlán has received a good deal of attention from the Mexican Department of Health, which has carried out a fairly intensive program of inoculation. While the health officials have not succeeded in eliminating the sources of infection and epidemics in the village—witness the serious typhoid epidemic in 1940, and the measles epidemic of 1947 which killed off many children—they have taken energetic measures to control the epidemics.

Since 1930 there have been doctors residing temporarily in Tepoztlán for short periods.[88] There have been at least two *pasantes* (graduate medical students) who,

[87] Whetten, *Rural Mexico*, p. 328.

[88] From the doctors' reports on file at the Department of Health in Mexico City, it appears that rheumatism is the most frequent disease and accounted for 50 per cent of all illnesses treated. Next in frequency was benign goiter, followed by tuberculosis and enteritis.

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in accord with government regulations, must spend a six-month training period in the field to qualify for the medical degree. In addition, some Tepoztecans visit private doctors and the free health clinic in Cuernavaca. The presence of five midwives with some training in modern hygienic methods is also to be noted. Finally, the trend toward a lower general mortality rate may be related to the steadily increasing standard of living in the village. As will be seen later, the consumption of meat, eggs, milk, and bread has risen considerably over the last twenty years.

In Table 8 is presented the average mortality rate by age groups for the entire municipio of Tepoztlán over a twelve-year period from 1930 to 1941, inclusive.

TABLE 8. Average Mortality Rate by Age Group, from 1930 to 1941, Inclusive.

Age Group	Mortality Rate
Less than 1 year	96.94
1-4	44.24
5-9	7.24
10-14	10.31
15-19	11.22
20-39	5.60
40-59	15.75
60 and over	56.80

These figures show that the age of lowest mortality rate in Tepoztlán is from twenty to thirty-nine. The death rate from forty to fifty-nine, though increased, is not unusually high, indicating that many individuals live to a fairly ripe old age.

LANGUAGE AND LITERACY

Two languages are spoken in Tepoztlán, Spanish and the indigenous Náhuatl. Twenty years ago when Redfield was there, nearly all the inhabitants spoke Náhuatl. Since that time there has been a marked decrease in the use of Náhuatl and a corresponding increase in the use of Spanish. The data in Table 9, based on the Federal Census of 1930 and 1940, indicate this trend.

TABLE 9. Languages Spoken in the Municipio and Tepoztlán.

Languages	Municipio		Tepoztlán
	1930	1940	1940
Spanish	14%	40%	52%
Náhuatl	4	5	1
Spanish and Náhuatl	82	55	47

Although about one-half of all Tepoztecans are still bilingual, the drop from 82 to 55 per cent for the municipio and to 47 per cent for Tepoztlán proper is striking. The decrease of those who speak only Náhuatl in the entire municipio was from 144 individuals in 1930 to 29 in 1940. In 1944 there were five persons in Tepoztlán who spoke only Náhuatl. The significance of this trend is unmistakable. It would be safe to predict that within the next few generations the number of bilingual persons will become negligible.

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After the harvest many Tepoztecans leave for the haciendas, returning to the village and their families only once a week. Those who prefer to remain at home spend their time in making charcoal, cutting wood, making rope, or taking up one of the many part-time occupations available.

BY OCCUPATION

Tepoztlán is a community of peasants, merchants, and artisans, but it is essentially agricultural, and over ninety per cent of the gainfully employed are farmers. The occupation of farming has high status in the village, and the young men look forward to being farmers. Farming is not the sole occupation, but is combined in various ways with other gainful activities.

There are at least twenty-six non-agricultural occupations in Tepoztlán, with a total of 273 individuals engaged in them. The largest groups include storekeepers (20), teachers (21), masons (25), bakers (23), *curanderos* and midwives (28), and ropemakers (42). The next largest group consists of butchers (15), barbers (15), corn merchants (13), charcoal makers (13), tile and brickmakers (12), and employees of the bus line (17). In addition there are shoemakers (5), carpenters (9), ironworkers (3), *chirimiteros*[1] (6), *huehuechiques*[2] (2), fireworks makers (6), mask makers (6), *mágicos* (1), silver workers (2), millers (3), druggists (2), chauffeurs (6), and plumbers (2). (See Table 19.)

It should be noted that 186 individuals, or 68 per cent of the 273 engaged in the above occupations, own their own milpas. This incidence of land-ownership is nearly twice the incidence of land-ownership in the village as a whole, and indicates that the artisans and those with special occupations tend to be in a better economic position. Most of the artisans and merchants fall into the middle economic group of the village.[3]

Fifty-three of the 273 individuals engaged in these occupations are women, who are found in only six of the twenty-six occupations and are distributed as follows: storekeepers (5), teachers (10), butchers (4), bakers (2), *curanderos* and midwives (23), corn merchants (9). It can be seen that women predominate in teaching, curing, and as corn merchants. However, in the latter they are the smaller operators. Also, the few men who engage in curing enjoy greater prestige than the women in this field.

The occupations listed above represent a peculiar mixture of the old and new. Some, like the *chirimiteros, huehuechiques, curanderos,* masons, mask makers, charcoal makers, and ropemakers, probably had their counterpart in pre Hispanic days. Others, such as storekeepers, shoemakers, and carpenters, have probably existed in the village since the colonial period. Still others, such as the teachers, bakers,

[1] The men who play the traditional music on the chapel roofs at fiestas in celebration of the saints. They use a primitive wind instrument called the *chirimía.*

[2] The men who know the traditional Nāhuatl words and ritual in the ceremonies which form part of the fiestas for the saints.

[3] See Chapter 9, "Wealth Differences and Levels of Living," p. 173.

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Of the *curanderos*, four are new and have learned their specialty within the last ten years. Of the two *chirimiteros* referred to by Redfield, one died a short time ago and the other still practices; four have learned their skill within the last six years. The two *huehuechiques* are the same ones of twenty years ago; there have been no new recruits. Of the two fireworks makers of twenty years ago, one has died; the other five are all new in the trade. The three mask makers of Redfield's time are still working, but in addition two sons and a cousin have learned the trade.

At this point we may ask what the prospects are for the survival of these folk specialists in the face of the changes which are taking place in the village. The prospects for the survival of the occupations of mask makers and fireworks makers are very good. The former is dependent primarily upon the Carnaval and the latter upon the barrio fiestas, neither of which shows the slightest signs of dying out. On the contrary, the former has grown in importance and has become an occasion of great spending, while the latter continues unabated and has the active support of the young men, many of whom are comparatively sophisticated.

The prospects for the survival of the *chirimiteros* are not quite as good because their function is gradually being taken over by the modern secular musicians. This tendency can be seen in the center barrios, where, as in Redfield's time, culture changes appeared first in the village. In the last barrio fiesta of San Miguel, in place of the primitive *chirimía*, a fifteen-piece band played from the chapel roof throughout the night. The profession that seems certain to become extinct is that of the *huehuechique*, for this occupation depends on the knowledge and use of Náhuatl, which is rapidly disappearing in the village.[8] An important change in connection with the occupations of *chirimitero* and *huehuechique* is that these specialists are now paid in money; formerly they were compensated with food and drink, another indication of the increasing importance of money.

Prediction in the case of the *curanderos* is more difficult. Most Tepoztecans are not ready to give up their *curanderos*. But they have reached the stage where they are willing to consider the doctor as an alternative, especially in the case of serious illness. Many Tepoztecans now visit private doctors and the Public Health Clinic in Cuernavaca. Certainly the hold of the *curanderos* has become much weaker; they are no longer as busy as formerly, and their income on the whole is very small. There are only two *curanderos* in the village who have great prestige and good income.

This raises the question of the relative desirability of the survival of old institutions in the face of general trends toward modernization. While this problem will be discussed later, it can be pointed out here that a sharp distinction must be made between the social effects of such old institutions as the Carnaval and barrio fiestas on the one hand and the *curandero* on the other. The fiestas, especially the Carnaval, provide much needed diversion for all age groups and tend to unify the village.

[8] During the time that this was being written, one of the two *huehuechiques* died, and no new recruit has appeared to take his place.

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merable and not unlike many reported in other studies of rural Mexican communities. Omens are seen in the cry of the opossum, the entry of a bat into the house, the howling of a dog at midnight, the rainbow, the death of a snake within the house, the songs of certain birds, an egg laid without a shell, an egg with a double yolk, and many more such phenomena. When an evil omen appears in a home, the entire family feels threatened, not knowing upon whom misfortune will fall, and for a time everyone takes extra precautions against accident. Sometimes a favorite saint is appealed to or a powerful *curandero* is sought out, but more often the family does nothing, and the sense of apprehension soon wears off.

Evil supernatural forces can be made to act or can be counteracted by sorcerers and witches who receive their power from the devil. Witches are thought to be most active on Tuesdays and Fridays, and some people take extra precautions to hide soiled clothing or not to accept gifts of food on those days. Several old women, particularly those who know a great deal of herbal lore, are thought to be witches. Aggressive or bold women may also be suspected, particularly women who are able to dominate their husbands. Such women are often thought to have bewitched their husbands with *toloache*, a local herb. It is interesting to note that some of the young girls who have studied outside the village, and who live by urban standards, are also suspected of being witches by a large portion of the population. One such girl married a boy in the barrio of Los Reyes and was accused of being a witch by her mother-in-law on the ground that she refused to behave like a good daughter-in-law and continued to see her former school friends.

Sorcery is used in courtship by unsuccessful suitors. The leg of a beetle is introduced into a drink to arouse the passions of an indifferent girl, or a powder made from skulls may be thrown on the palm of a woman's right hand or on her head, or into her food or drink. Foods which spoil too quickly are often believed to contain some powder meant for sorcery. A young Tepoztecan schoolteacher who received a gift of apples from a pupil was very much alarmed when she noted that the fruit rotted the very next day, and she suspected the child's family of trying to bewitch her. The most feared type of sorcery is that in which an image of the victim is fashioned out of his soiled clothing and pierced with a pin in the region of the heart or head to bring about his illness or death. To be doubly certain of success, the doll may be thrown into an anthill, so that *los aires* will also attack him.

Almost any unusual illness, but particularly swelling of the head or joints, may be attributed to sorcery by the local *curanderos*. A bewitched person usually leaves the village in the belief that he is no longer safe there and can be cured only away from the sorcerer. In such cases, Tepoztecans generally consult *curanderos* of wide repute in Yautepec or other towns and may spend several hundred pesos to undergo a cure. However, mild symptoms of sorcery or illness due to supernatural elements may be treated within the village by use of prayer, holy water, local herbs, ritual "cleansing," and by consulting certain local healers who go into a trance and converse with spirits to get a diagnosis and prescribe a cure.[11]

[11] This may be an element of African culture introduced into Tepoztlán by Negro slaves.

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with warm oil of rosemary and violet are given to "heat" the womb. A woman who wishes to prevent conception takes "cold" medicines. A woman who wishes a child and cannot conceive may visit the Virgins of Chalma or Tlaltenango, who are believed to have special powers to grant the desire for children. There is a belief that if conception occurs during the full moon, the child will be strong, and married couples sometimes plan to have intercourse during this time.

The most common symptom of pregnancy is the cessation of menstruation. This is almost always true of a first pregnancy, but may not hold for subsequent pregnancies. Menstruation often does not occur for as long as one or two years after giving birth to a child. Since many women conceive during this period, they do not know that they are pregnant until they feel movement or other symptoms, such as nausea. Sometimes women do not become aware of pregnancy because they continue to menstruate for two or three months after conception. This condition is attributed to *los aires* or to weakness of the back.

When Tepoztecan girls married at a younger age than they do now, they were often ignorant of the signs of pregnancy. They would report the cessation of menstruation to the mother-in-law, who would explain its meaning. The girl's own mother would be advised, but the respect-relations and sense of shame between mother and daughter prevented much direct discussion. The young pregnant wife becomes dependent for advice and care upon her mother-in-law, who may keep the girl's mother informed if she wishes to do so. In later pregnancies, mothers and daughters are generally less inhibited in their behavior toward each other.

Pregnant women make every effort to conceal their condition by carefully covering themselves with their *rebozos*, both at home and in the street. When the pregnancy becomes very obvious, women keep to their homes and the more "careful" mothers remain seated as much as possible, so that their children will not take note of their condition. Women who are careless about concealing their condition are looked down upon. City women who walk in the street without *rebozos* to hide their pregnancy are regarded as particularly shameless. Once a city woman who did not wear a *rebozo* came to live in Tepoztlán during her pregnancy, but left shortly because no one would speak to her. Tepoztecans had ostracized her because she was "opening the eyes of their children." More recently Tepoztecans were aroused by the fact that one of the schoolteachers continued to attend school, although in an advanced stage of pregnancy. The school director was chastized, and the teacher was asked to resign.

When a woman knows she is pregnant she informs her mother-in-law, if residence is patrilocal, or her husband, and arrangements are made to hire a midwife. The cost of the midwife has risen, from about ten pesos in 1943 to about twenty pesos in 1948. Before the Revolution, midwives in Tepoztlán received as little as one and two pesos. The rise in price reflects the increasing urbanization of Tepoztlán, as well as the general rise in cost of living in recent years.[3]

[3] In Mitla, in the 1930's, midwives were paid 75 centavos for delivering a girl and one peso for a boy. See Parsons, *Mitla*, p. 78. In Tzintzuntzan, midwives received from 3 to 7 pesos in

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843 759 Care during pregnancy consists principally of massages of the abdomen by the midwife. The general purpose of the massage is to make the birth easier and to determine the position of the fetus. Midwives say they can change the position of the fetus if necessary by means of massage. Faith in the importance of massage is widespread, and there are few who do not take massages regularly. Newly married women often begin to take massages during the second or third month, but others do not begin until they feel movement. Since there is an additional charge of fifty [465] centavos (in 1943, the price ranged from twelve to twenty-five centavos) for each massage, there are many women who cannot afford to take them until the eighth or ninth month. Sometimes the husband will object to the number of massages his wife takes, and there may be quarrels. Massages are given every eight or fifteen days, depending upon when they are started and what the pregnant woman can afford. The patient lies down, with knees slightly bent, and the midwife gently massages the abdomen from right to left.[4] No oils or unguents are used.

787 843 Some say they can predict the sex of the baby by its position in the womb. If it is to one side, near the hip, it will be a boy; if it is in the middle, it will be a girl. If the fetus feels round, a girl is indicated; and if it feels elongated, it is a boy. If the mother looks sleepy and if her face is white, the child will be a boy, because boys are more "demanding" and make their mothers pale. If she is red-cheeked, the child will be a girl. However, some informants believe just the opposite and say that red cheeks indicate a boy because boys are more robust. If the mother becomes fatter all around, including the hips, it will be a girl; if she protrudes only in front, it will be a boy. It is also believed that a boy is born after nine months and a girl after eight months.

843 The midwife advises the pregnant woman concerning self-care. She is not to lift heavy objects but should continue to work because it makes the delivery easier. It is believed that a woman who is lazy and who sleeps often during pregnancy will have a difficult birth because the fetus adheres to the womb. Pregnant women [825] should not urinate where an animal has just urinated because the rising steam may cause inflammation of the womb. Pregnant women are also advised not to bathe 575 in the stream, since *los aires* may endanger the baby and cause it to be born with 843 physical defects.[5] It is also said that bathing in the stream may cause the pregnant [296] woman to fill up with water. Although pregnant women sometimes continue to use the stream to wash clothes, this also is considered unwise. Some say that pregnant women should not bathe more than once a week for fear of catching cold, but many women bathe every three days in warm or cold water, according to preference.

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843 759 1945. In Cherán, in 1940, the cost of delivery was from 1½ to 2½ pesos. See Ralph L. Beals, *Cherán, A Sierra Tarascan Village*, Institute of Social Anthropology Publ. No. 2 (Washington, D.C.: Smithsonian Institution, 1946), p. 166.

465 [4] Foster describes the massage in Tzintzuntzan as "heavy pummeling" and attributes the 171 many miscarriages to this.

[114] [5] Redfield's informant said, "After three months she [the pregnant woman] goes to the *barranca* [stream] to bathe. She may do this many times before the birth." According to our data, although some women do it, this is generally regarded as undesirable.

2:Lewis E-5 (1943-1948) 1951 NU37 Tepoztlan NU37

mon. Without exception, our informants described labor dramatically, with emphasis upon the pain. "It is death to bear a baby" is a common sentiment. Some look back at labor with shuddering and expressions of horror, even fifteen years after the birth of their last child. Midwives report that many mothers are severely frightened during and after delivery and must be calmed by being heated with a smoky fire. *Pericón* or rosemary or laurel, or all three, are burned in an old clay pot, and the strong smelling smoke is directed underneath the blanket to heat the woman's lower parts.

After the child is born, the *cenidor* is tightened around the upper part of the abdomen to prevent the blood and the placenta from rising in the mother and possibly causing her death. If the afterbirth is slow in coming, it is a common custom to put salt and onion into the mother's hand so that she can smell them, and she is given some mint leaves to chew. Sometimes a very hot tortilla is placed on the right side of the abdomen and pressed down by the midwife. In very delayed cases some midwives insert their hands to try to pull out the afterbirth.

The afterbirth is buried under the hearth. It is believed that if it is left anywhere else, the baby's face will swell; if it is thrown into the corral, as some do, it may cause *daño;* if it is eaten by a dog, the mother will die. The umbilical cord is cut with a scissors about 4 or 5 fingers away from the child. The remaining cord is tied with a thread and burned with a few drops of wax from a tallow candle. The wax is applied every day until the cord drops off. The umbilical cord is generally kept inside the house and saved to be later used in the treatment of some eye diseases. Some sell the cord to *curanderos* for about twenty-five centavos each. Many believe that only the umbilical cord of the first child or the first son is effective. When a child is born in a caul, it is said he will be rich. The caul is carefully saved for good luck.

Only an occasional woman in Tepoztlán has her child delivered by a doctor. Somewhat more frequently he is called in after delivery if there is some difficulty. The high cost of calling a doctor from Cuernavaca [11] made it prohibitive for the great majority of the families. However, even those with money do not generally call a doctor, particularly a male doctor. The prudishness and suspiciousness of the women are a major inhibiting factor. Women who have used a doctor have become the target of much malicious gossip.

The following quotation from a woman of one of the large barrios is an example of the nature of the gossip, in this case concerning a local schoolteacher, "First she called a *curandero,* and her baby was born, and everything was fine. But she sent for a doctor just to have him feel her, to play with her because that is what she wanted. The midwife said that when the doctor arrived he uncovered the patient and put in his hand and after he played with her he sewed her up. Then he grabbed the baby by the belly and he had it hang that way as though it were his toy. He could have killed him! But that is what they wanted. As for me, for nothing in the

[11] Now there is a doctor in the village.

2:Lewis E-5 (1943-1948)1951 NU37 Tepoztlan NU37

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world would I let a man doctor take care of me. It is better that the child be born alone." This attitude, encouraged by the midwives, is very widespread, even among women who have lived outside the village or who have had more education.

POSTNATAL CARE

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When the delivery is over, the mother is lifted onto a board and up to the bed or *tepexco*, if she uses either of these. If there is no one to lift her, she may get up herself without danger, for she is still "hot." She is wrapped in a sheet to prevent getting *mal aires*. The midwife binds the mother around the abdomen and tucks in a *muñeca*, a piece of rolled up cloth. The purpôse of this *muñeca*, which is placed over the abdomen so as to bring pressure upon it, is to "fix the matrix." As far as we could ascertain, there is no magical or symbolic qualities connected with this *muñeca*, and there is little attempt to make it resemble a doll.[12] Clean cloths which are washed and replaced every day by the girl's mother or mother-in-law are placed between the patient's legs. Her soiled clothing is removed and she is given an old-fashioned *huipil* made from a large square cloth and slipped over her head. A skirt, made from a large cloth, is wrapped around her hips and legs. The mother is not bathed until the next day, for she is still "hot." After a bath of warm water she is dressed in clean clothing. The temporary *huipil* and skirt are then used as diapers for the baby. The mother is not completely bathed again until the first *temascal* or sweatbath.

The baby is wiped with clean old rags and is bound with a strip of cloth, doubled over the umbilicus and tied with a string. Some mothers prepare a belt for this purpose. The child is wrapped in warmed cloths, usually cut from his father's old shirt or pants. Some midwives drop lemon juice into the baby's eyes and give him a spoonful of castor oil as a purgative. The child is not washed until the following day because water will chill him.

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The mother's diet for five days after the birth is poor and provides little nutrition. She is given cinnamon and water and a roll soon after the birth. If she has afterpains she is given honey and alcohol. At the next mealtime she eats toasted meat and tortilla, and for the next five days her diet consists of *atole*, cinnamon tea, and rolls. Some women take only cinnamon tea, tortilla, a small piece of cheese, and warm water during this period. Milk, coffee, and chocolate are thought dangerous when taken alone because they "chill" the ovaries, but some of the more modern women take a little coffee with milk. All food restrictions cease when the woman

[12] Redfield, *Tepoztlán*, pp. 136-37. Redfield states, "She [the midwife] makes a doll of rags and ties this against the patient's abdomen." According to Redfield, this doll is removed forty days later at the time of the *sacamiss* and "on that day the rag doll symbolizing the child in the womb is taken from its place on the mother's abdomen." Although we made repeated inquiries among women of all ages and degrees of sophistication we could find nothing which would justify this interpretation of the symbolism of the so-called doll. The "doll" is actually a wad of cloth placed under the binding or sash in order to bring more pressure upon the abdomen. Many women wear this "doll" for months after childbirth, or even after they are past childbearing age because they are more comfortable with it. It is of interest to note that the use of the "doll" in this way was not mentioned in the monographs on Tzintzuntzan, Cherán, Mitla, or Chan Kom.

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is "clean," that is, when bleeding stops. This sometimes occurs in the first week but more often in the second. After delivery it is obligatory to give the midwife something to eat as an expression of appreciation, but it is up to the family to decide what is given. Generally the midwife is offered chocolate or coffee and bread. Sometimes wine and cigarettes are also given. During and after the delivery, the midwife is not restricted in any way as to the food she may eat.[18]

The mother's milk generally flows after one or two days, sometimes even before the birth. If the milk does not appear by the second day, some midwives give the mother an *atole* of sesame seed, chick peas, chocolate, and cinnamon. Others give *necuatole* or *atole de alegría* made of ground corn, *chile pasilla*, *epazote*, and brown sugar. Another remedy is the penis of an ox, cut up and cooked. Sometimes the *flor de pascua* is boiled and taken by the mother. A few midwives place the baby at the mother's breast to stimulate the flow of milk. Many babies are nursed at another woman's breast until the mother's milk comes. During the day the wet nurse, usually a relative or a friend, comes to the child's house every three or four hours to nurse him. At night the child is taken to the wet nurse once or twice by the father or grandmother. There is no charge for the services of the wet nurse, but often the child's family sends her some meat to nourish her during this time. Some families are afraid to take a young infant out because of *los aires*, and it is fed cinnamon and water until the mother's milk begins to flow.

It is a common belief that the first milk is harmful to the infant and should be discarded. It is squeezed out and either thrown to the ground (this is called *motlaltoka*, burying the first milk), or it is thrown over the roof (*monokia*) to prevent the mother's milk from going away. It is also thought that squeezing out the first milk hastens the flow of the true milk. If the mother has no milk, it is considered a calamity because the cost of a regular wet nurse is prohibitive, and many children die when put on a diet of cow's milk. Canned milk is now used safely but the expense is a heavy burden for most families.

The amount of attention and care given to the new mother in Tepoztlán is striking. At no other time are women accorded so much service and time for rest. This care consists of a prolonged period in bed, freedom from household duties, taking sweatbaths, and abstention from sexual intercourse.

The prime motive underlying this postnatal care is to delay a new pregnancy as long as possible. It is believed that early resumption of sexual intercourse causes the back to weaken and the menstrual flow to begin, thus making conception more probable. Women say that extended rest from work and sexual intercourse can

[18] We could find nothing to support Redfield's statements that "The midwife is magician-priest rather than obstetrician; she eats the same food as her patient as long as their relation of intimacy is maintained during postnatal care . . . during the first week, the new mother and the midwife, who must eat the same food as her patient, observe food restrictions." *Ibid.*, pp. 134, 136. Our questions concerning this called forth the same response from informants in Mitla; that is, they laughed at the thought and denied that it occurred. It should be noted that Redfield's account of the above, as well as other aspects of pregnancy and birth, is based on the report of a single informant and probably represents an individual variation.

3:Lewis E-5 (1943-1957) 1960
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177 511 [265] [275] aged foods, mostly to the employed people who live in the center. Old women sold ready-made tortillas in the plaza. There was still no restaurant but there were more saloons. A blare of radios came from the houses and inside some homes one saw a new kerosene or Coleman stove, aluminum pots, kerosene or gasoline lamps, forks, and hand presses for shaping tortillas. At least one home had overstuffed furniture.

[161] [362] But many more changes have occurred than meet the eye. As a result of the population increase—from 3,500 in 1940 to approximately 4,800 in 1957—there is a shortage of housesites and housing, and Tepoztecans petitioned the local government to make available some of the nearby communal lands for new housesites. Several homes have been built on the outskirts of the village and in the surrounding *cerros*. Formerly it was not customary to rent [427] a house; if a Tepoztecan had an extra house he would allow another villager to use it simply for the care of it. Now rental has become quite usual.

177 [759] [278] Since the late forties Tepoztlán has had a resident doctor and since 1952 a doctor from Cuernavaca who formerly practiced in the village has come once a week to see his patients. The clientele of both doctors has been increasing. In 1950, the resident doctor had an average of 75 patients a month; by 1956 the average was 160. Tepoztecans now complain about the expense of medicines and the delay caused by having prescriptions filled in Cuernavaca; the local "druggist" cannot fill prescriptions and carries few [743] patent medicines. The village has a free federal government health clinic which cares for children and pregnant women and administers injections. [744] About ten patients, most of them expectant mothers, come there every day. [751] In 1955 approximately two thousand vaccinations and revaccinations were given.

177 757 753 [759] [844] The clinic and the doctor have by no means replaced the *curanderos*, however. Tepoztecans believe that doctors can cure only certain diseases, and still frequent *curanderos* for those illnesses which they attribute to *los aires*, anger, hot or cold foods, evil eye, and sorcery. Most births are still attended by the native midwives. If the doctor happens to cure an illness thought to be caused by *los aires*, this is taken as proof that the *aires* were not truly the cause. Although the villagers have substituted new terms for old concepts—for example, *los aires* are now sometimes described as tiny animals or microbes and injections are called "cleansings"—it is questionable whether this represents much of a departure from the earlier magical thinking about the causes of disease.

177 241 [312] [377] [464] [314] Like many villages in the densely populated central plateau area, Tepoztlán has not had the benefit of the great new hydroelectric and irrigation projects. Its agricultural base has remained very much the same; there has been no mechanization and no new important cash crops have been introduced. The peasants continue to work their land as before, although a few are now using some commercial fertilizer. Because the lack of change in agriculture combined with the rapidly increasing population has forced Tepoztecans to seek work in nonfarm occupations, a much lower proportion of the gainfully occupied are now peasants. The federal campaign for the preservation of

4:Spitzer E-5 (ca. 1956) 1957
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the reception of Holy Communion. As a part of the social celebration, special foods are also prepared, and there is general feasting. A humble resident of San Pedro invited us to visit again at fiesta time, explaining that "the fiesta is good, as there is much beer and punch". This social feasting was observed particularly in the barrio of Santa Cruz both preceding and following the Solemn High Mass at noon, which marked the climax of the fiesta. Padre Rojas was the celebrant, assisted by two priests visiting from Cuernavaca, one of whom delivered an eloquent sermon on the meaning of the occasion. The large congregation present responded with deep feeling which was expressed in various ways. The loud ringing of bells both inside and outside the chapel, together with the setting off of fireworks at the Consecration, were among the unusual features of this expression. This is a folk practice which obtains in all of the barrio fiesta celebrations.

There appears to be some confusion among scholars about folk practices among Catholics which relate to medical superstitions. In Tepoztlán we found that there are still several curanderos, or folk doctors, who practice rather extensively, although there is a young physician resident in the village who is a graduate of the University of Mexico's School of Medicine; and a free Public Health Clinic is in daily operation. It is difficult to separate some of the practices of the curanderos from magical or religious meanings. Frazer has suggested that much of the Aztec sacrifice and ceremonial is magical, but not religious.

One of the chief curanderos of Tepoztlán has seven wives, and is quite wealthy. He is a colorful character, having a certain degree of importance and prestige. Many people whose Catholicism ranges from formal to folk, patronize him in preference to going to the local physician. Yet his marital status is not approved by the formal Church, and his Catholic "patients" do not think of him in terms of his private interpretation of marital life, but rather as one who possesses special knowledge which will help them to overcome infirmities. Julian Pitt-Rivers has described a similar situation in an Andalusian village of

4:Spitzer E-5 (ca. 1956) 1957
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759 Spain, where a woman cures by saying appropriate prayers.[10]
171 Although she cannot be formally recognized by the priest, she is an accepted cultural entity in Catholic village life, much as is the case in Tepoztlán.

794 It might be supposed that there is a normal reciprocity be-
795 tween priest and laity, between the formal Church and the barrio chapel, between the high tradition and the low tradition. This reciprocity or series of expectations formulates the basis of society in Tepoztlán, where the formal Church organizes Herself pretty much as do formal churches anywhere, regardless of the underlying interactions between formal and folk Catholicism. To be sure, in any society the proscriptions of the Church do not always coincide with the culturally approved patterns.

Under the title of Catholic Action, there are three or four
575 parish organizations. These include one for men, one for
794 women, and one for boys. As parts of the nation-wide Acción
795 Católica, these groups are considered to be somewhat weak, although when they do meet, usually about once a week, the pastor is present, and they discuss "Catholic principles and ways".

796 In addition to daily Mass in the parish Church each morning, Padre Rojas presides at "La Doctrina" each evening. This includes Exposition of the Blessed Sacrament, recitation of the Rosary, reading of the liturgy of Vespers of the day, the singing of hymns, and Benediction. Usually there are more women present than men, but people of all ages were observed in attendance. Some days the group was relatively large; on other days only a few people came. The factor of ritual as well as religious attraction is paramount in such devotions. Indeed
795 there is sometimes a wide gap between ritualistic propitiation
796 of God, and moral practices among the folk. To the sophisticated Catholic, ritual and morality are synthesized; but to the folk there are cleavages which, in Tepoztlán, appear to reflect Indian practices. As Father J. Franklin Ewing, S.J. states, "In many discussions it is necessary to distinguish between what an anth-

[10] Julian Pitt-Rivers, *The People of the Sierra*. New York: Criterion Books, 1954.

5: Lewis E-5 (1943-1944, 1947-1948) 1955
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177 would give the cooperative the opportunity to accumulate the
743 necessary funds to carry on independently.
474 It was believed by the staff and borne out by the consensus of
177 the first meeting that the barrio provided the most logical basis
743 upon which a cooperative organization could be built because it
474 was the primary cooperative unit in the social organization of the
621 village. As already indicated, each barrio has its own patron saint,
[476] its chapel, its own festivals, and a plot of land which is communally worked by the men of the barrio to provide for the upkeep of the chapel. Fiestas were traditionally organized on a barrio basis, and in recent years participation in sports events has been on a similar basis. Thus, the few cooperative activities in the village were barrio activities. Furthermore, the barrio chose its own ceremonial officials in a fairly democratic fashion, whereas the village officials, though nominally elected, were in practice chosen by the governor of the state of Morelos. In organizing the cooperative on a barrio basis, we were therefore attempting to tie it to a geographical and social unit which still retained some of its indigenous cooperative traditions.

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At the mass meeting a central village committee of seven members was elected, one from each barrio, and provisions were made for the election of barrio committees consisting of three persons each. These local committees were to be charged with recruiting members in their barrios and with popularizing the cooperative. The meeting ended on a hopeful note, and the central committee promised to get right to work organizing the barrio committees. But at the first scheduled meeting of the central committee, only three members appeared, and this was symptomatic of what was to follow. After three weeks, only three of the seven barrio committees had been organized.

177 In the meantime, the doctor furnished by the Department of
743 Health and Welfare arrived in Tepoztlán. A room in a house on
759 the central plaza was obtained as an office. Essential equipment
[474] and medicines were purchased out of the first funds collected by the cooperative. Although no nurse was available, the social worker attached to the community research project assumed some of the nursing duties and accompanied the doctor on home visits. In addition to his clinic duties, the doctor worked in a research

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capacity with another part of the program, but he remained on call at all times for clinical services. 177 743

In line with our intention that the clinic serve a research function in addition to its service activities, it was planned that in addition and prior to the usual physical examination of each patient, the doctor should also use forms that called for the following kinds of information: a textual account of the history and causes of the diseases from the patient's point of view; whether the patient visited the curandero; the diagnoses and therapy of the curandero; the fees paid, and so on. The doctor was expected to utilize this information wherever possible in establishing rapport with the patient. Furthermore, it was hoped that in this way it would be possible systematically to obtain important data on native concepts of disease and therapy, and by comparing the diagnosis of the patient and the curandero with that of the doctor, to understand better the rationale behind native concepts. [759] 177 743 125

Since funds from the cooperative came in slowly, the facilities of the clinic were never quite adequate. In addition, the first doctor furnished by the Department of Health and Welfare was a young, unmarried man whose previous experience was limited and had been confined to urban areas. Neither by training nor temperament was he particularly well fitted for the sensitive and demanding task of treating the people of a rural Mexican village. After a month, he was replaced by an older doctor with more experience. 177 743 759 [474]

However, our initial difficulties in getting a suitable physician and adequate equipment did not appear to trouble the prospective clients of the clinic. During the first week, as already indicated, the doctor had 11 patients, and subsequently the figure slowly increased to 35. Then quite suddenly, patients ceased to come altogether. For all intents and purposes, the clinic was through. 177 743

It would be tempting at this point to attribute the demise of the clinic to the inadequacies of its doctors and physical facilities and to look no further to find reasons for its downfall. But such an explanation would be partial at best. In the first place, the drop in attendance was abrupt and complete, not the gradual falling off one might expect to result from cumulative dissatisfactions.

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177 743 Second, as we shall see, there are good reasons for believing that much the same thing would have happened even if the service had been excellent and the physical facilities exemplary. Although we cannot discount completely the effect of dissatisfaction over the quality of the clinical service, it will become apparent that other forces at work in Tepoztlán exerted greater influence. To discern the nature of these forces we must look to the general climate of the village, particularly the medical and political climate.

The Medical Climate of Tepoztlán

The trial clinic on the central plaza of Tepoztlán was not introduced into a medical vacuum. On the contrary, it found itself within a milieu of well-established medical beliefs and theories of disease and within a network of traditional practitioners whose curative techniques reflected these beliefs and theories.

● 759 There are three kinds of health practitioners in Tepoztlán—curanderos, *mágicos*, and "el doctor." Curanderos are the most numerous and are primarily women. They are visited most frequently and charge small fees of 25 or 50 centavos. There are two [756] mágicos, men who may use the herb remedies of the women but also resort to spiritualism and magic and are feared for their great power. Their fees are higher, ranging between one and ten pesos. The curanderos and mágicos are, of course, Tepoztecans. However, "el doctor" is an outsider who has taken up residence in the village. He poses as a doctor but has no professional training. He charges fees as high as 100 pesos. Curanderos are sometimes paid [437] in corn or other produce. This is one of the very few remnants of [182] the old barter economy and indicates how closely the curandero system and the native economy were integrated. With the increasing dominance of a money economy there is now more cash available, and some families visit the doctors in Cuernavaca.

There was no resident doctor in 1943, but the villagers had had some previous experience with doctors and modern medicine. Two young Mexican doctors had spent six months each in the village in fulfillment of their training requirements for the doctor's degree. Public health teams had visited the village frequently [744] since 1936 to administer injections against infectious diseases;

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some Tepoztecans had visited the federal Public Health Station in nearby Cuernavaca, and a few of the local midwives had received some instruction from public health nurses.

For the majority of people, however, indigenous folk medicine as practiced by curanderos is still the dominant form of medicine. Thus, the traditional remedies for "evil eye" and "fright" involve a combination of folk beliefs, ancient herbal lore, and Catholic practice. A child is believed to be the victim of the evil eye if he comes home crying and very much disturbed. An egg is broken into a glass and if a long eye-shaped spot appears on the yolk, the person responsible for putting the eye upon the child is a man; if the spot is round, it is a woman. The child's clothes are changed and he is "cleansed" with a soiled kerchief or shirt if the guilty person was male, and with an apron or shawl if a female. Some children are cured by being cleansed on their foreheads, with the tongue making the form of a cross.

"Fright" is an illness which leaves children sad and pale; it is cured by women who can "lay the shadow" that afflicts them. These curanderos keep a supply of powdered cedar, palm, and blessed laurel which they throw on the forehead, breast, wrists, palms of the hand, nape of the neck, and into the nostrils of the sick child. While this is being done the woman prays the Credo, and at the end holds the child's head and cries out that the shadow should withdraw and that the child no longer need be frightened. Some cure fright by having the priest read the gospel over the child in the presence of the child's godparent of the same sex.

The most celebrated healer in Tepoztlán is one Rosalino Vargas, known as Don Rosas. He is also believed to be a powerful sorcerer and is feared by many of the villagers. Some people claim to have seen him riding through the village at midnight wearing a long black cape, with sparks issuing from his eyes and mouth. Don Rosas, who often uses the fear he inspires to his own advantage, has several enemies, at least three of whom made attempts to murder him in recent years. Don Rosas is wealthy and has a flourishing practice. He has seven female assistants; there is much gossip to the effect that these women are his paramours who sleep with him in turn, one for each day in the week. Don Rosas' loyal

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759 clientele insist that the seven women help him treat the sick and perform a series of mysterious devotions which he practices nearly every night.

755 The technique employed by Don Rosas on his patients contains an interesting combination of Catholic, pagan, and possibly African elements. He does not deal directly with a patient but gets information concerning the nature of the illness through an assistant who questions the patient. After the conference the patient is taken to a room which resembles a chapel in that it has an altar and images of saints. The patient is seated on a chair close to a heavy curtain behind which sits Don Rosas. The visitor
787 is given an image of a saint to hold while the curandero prays and
755 goes into a trance. When he is "as if dead" an assistant wafts incense smoke toward him and he begins to speak, as though from a deep sleep, telling what illness the patient is suffering from. Whether or not a cure is possible, is determined by a glass of water which has been placed among the images near the incense burner. If the water turns white there is hope for a cure, if black there is none.

755 If a remedy is possible, Don Rosas then points out the necessary steps to protect the individual and his family from the enemy who is provoking the symptoms. The patient must drink a sweet-sour tasting liquid, prepared by Don Rosas and stirred with a metal cross. The patient then pays two pesos for the cure but first must cleanse himself with the bills in the parts of his body which give him pain, and leave the money on the altar. Before leaving, the patient is given additional medicines to take each night and is generally advised to cleanse himself with very hot herb applications. More medicine is given as needed without charge and the patient is advised that the medicine must never be placed on the ground since it would lose its potency. Some patients need several consultations, all of which are conducted in the same manner, before they feel well again.

177 Although he does not hold any official municipal position, Don
743 Rosas is a tremendous power in Tepoztlán because of his prestige
[554] and renown as a curer. There is little doubt that the introduction of a medical clinic in the center of his own community did not

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What Lay Behind the Attack

What lay behind the attack on the testing program? The mayor, the secretary, the school principal, the two councilmen on the Education Committee, and others who openly denounced the program justified their opposition on the grounds that the tests were immoral. Some of those who opposed the program may sincerely have believed this, but there is ample reason to believe that other reasons were of equal or greater importance. We have already seen that there were a number of highly influential people in Tepoztlán who saw in the clinic a threat to their own position and that there were others who saw the presence of active outsiders as an opportunity to advance their own political interests.

In the former category the outstanding person was Don Rosas, Tepoztlán's most eminent curandero. In spite of the power and prestige he enjoys, Don Rosas cannot help see the gradual and inexorable advance of modern medicine into rural Mexico as a threat to his position. Opening the clinic in the central plaza of Tepoztlán placed his enemy on his front doorstep; the very first patients to visit the clinic were those whose ailments had not responded to treatment by the curanderos. Although Don Rosas himself did not play an active part in the various meetings where the hostility of the villagers to the program was expressed, he was an active influence behind the scenes. Not only did he agitate the mayor, the secretary, and others, but he was directly responsible for the rumor that indecent pictures were being shown.

When the clinic was first established, it was immediately seen by Don Rosas as a threat, and one to be eliminated by any means. But he was too clever to risk an open attack on a venture that was patently humanitarian and had already received the support of a substantial number of villagers. Casting around for the best strategy, he hit upon the testing program as the logical target. The purposes of psychological testing were difficult for many villagers to grasp. Moreover, the pictures shown on one of the tests were highly ambiguous in form and subject to all sorts of interpretations. Don Rosas made a trip to Mexico City and there purchased a set of pornographic pictures. Upon his return he showed these pictures around the village, telling the parents,

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125 661 "*These* are the pictures they are showing your children! *This* is what they call science!"

[759] [208] Don Rosas was not the only influential figure in Tepoztlán who saw the clinic as a threat. Its inception was a danger signal to the mayor, and through him to the state senator and state governor, all of whom had already been alerted to the disruptive potentialities of the research team by a previous incident.

125 661 648 We had been in Tepoztlán one month, when a committee of poor-land farmers appealed to us to aid them in a boundary dispute with a neighboring village. The communal land was involved and if the dispute was lost, 200 families might face destitution. In spite of the fact that communal land was in question, neither the mayor nor the senator was doing anything about the case. The poor-land farmers claimed that these two officials were acting on the orders of, or out of fear of, the state governor, who they said had an interest in a large cement factory which obtained its fuel from the forests located on the disputed land. The committee had come to us because we happened to have an attorney on our staff. We explained that we could not help them officially or appear in court for them, but that our lawyer could advise them privately, as a friend. We made this decision because many of the families involved had been cooperating with us in our study of family life. Also, we felt that the dispute was a real threat to a large group of Tepoztecans and to the entire village. An investigation convinced us that their claims were just, and we felt obligated to do what we could. The word got around, and apparently the state governor and the senator, as well as the mayor, interpreted our decision as strengthening the hand of political forces opposed to the established powers.

125 661 743 When the clinic was set up, people began to say that the project members were doing more for their welfare than their own mayor was doing. This was ample grounds for mobilizing the opposition of the mayor, already made wary by the communal land incident. Don Rosas would have had little difficulty in persuading the mayor to direct the power of his office against the program.

[208] Perceiving the service activities of the project as a threat to their interests, Don Rosas, the mayor, and the governor instigated or supported feeling against the project.

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increasing purchasing power. This in turn requires an action program wider than health improvement by itself.

Introducing Modern Medicine in Rural Mexico

Despite their high degree of acculturation, the majority of Tepoztecans are not ready to give up their curanderos. However, they are ready to consider the doctor an alternative, especially in cases of chronic or serious illnesses. This was clearly shown by the fact already mentioned that the doctor's first patients were persons who suffered from chronic illnesses which apparently had not responded to the treatment of the curanderos. Because of this circumstance the doctor begins with a handicap. Unable to produce miraculous cures in these far-gone cases, he loses prestige.

There is a great lack of confidence in doctors, partly because so many of them display an attitude of superiority toward native concepts of disease and often ridicule native beliefs and practices. Indeed, the Tepoztecans, as well as the doctors, are keenly aware of their different conceptual worlds. This is undoubtedly a serious obstacle to the spreading of modern medical practice and unless the gap between these two distinct levels of explanation is bridged, progress will be very slow.

A few examples from Tepoztlán will help to make this clear. According to Tepoztecans, there are "hot" and "cold" diseases, just as there are "hot" and "cold" foods. A mother who is convinced that her child is suffering from a hot disease brought on by the adultery of her husband, knows that the child needs a cold medicine. If she goes to a curandero, she tells him that the child is suffering from a hot disease, but if she goes to a doctor she says nothing. If the doctor's medicine does not improve the child, the mother attributes it to the fact that the doctor did not understand the nature of the illness and gave the child a hot medicine instead of a cold medicine.

On the other hand, if the curandero does not effect a cure, her explanation is of a different kind. She now believes that the heat of the disease was so great that there was no medicine cold enough to counteract it; her faith in the curandero and distrust of the doctor continue. In the case of the illnesses supposedly caused by humors or spirits of the air, most Tepoztecans are reluctant to

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177 visit a doctor because of their conviction that doctors do not
757 understand either the cause or the cure of such diseases.

[753] Governed by their own interpretation of illness, people in the village approach modern doctors with distrust, realizing that they do not fully understand certain classes of illness, such as those due to evil humors or those related to the hot-cold distinction. It is, therefore, important for the doctor to become familiar with the native concepts and to utilize them as a psychological means of gaining confidence. The job of establishing rapport and gaining confidence under these conditions is no easy one. It demands a doctor who has the zeal and spirit of a missionary and some understanding of the relativity of cultural values.

177 Aside from factors of personality and of understanding local
757 beliefs, the ability of a doctor to gain confidence and prestige de-
759 pends upon his technical skill in making accurate diagnoses and effecting cures. While it is unfair to generalize about the quality of Mexican rural doctors as a whole, our impression from personal experience is that they are poorly trained and equipped and show little enthusiasm for work in the villages. Considering the conditions under which rural doctors must live and work in Mexico, it is probable that this phenomenon is more widespread. There is little incentive for the superior doctor to leave the city and go to rural areas. At best, few are willing to undergo the hardships of rural life with its isolation and lack of comforts and diversions; in addition, salaries are low, opportunities for advancement are few, and there is little permanency of assignment. As a result of these conditions, rural doctors are frequently recruited from those of inferior abilities and this in turn makes it more difficult to win over the Indian villager to modern medicine.

Local Organizational Patterns

177 Any attempt to revive or establish a "democratic" institution,
476 such as a cooperative in a community that has lived for years
743 under an authoritative system, must take cognizance of the pro-
474 found effect of this conditioning to authority upon the psychology of the people. The lack of personal initiative and village spirit
[157] found in Tepoztlán may be attributed to this conditioning. Our experience made it clear that chances for success would have been

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177 743 661 759 It may appear to some that the downfall of the clinic in Tepoztlán can be attributed simply and directly to the personal antagonism of Don Rosas. Already worried that his power and position of privilege would be undermined if modern medicine got a foothold in the village, he immediately viewed the clinic as a competitor and resorted to unscrupulous methods to bring about its downfall. This is undoubtedly true, but can the clinic's downfall be simply attributed to the personal villainy of one man?

Don Rosas' actions were motivated by the fact that he belonged to a profession that was being slowly crowded out by newer and more modern techniques. There is no reason to believe that any of the other curanderos in the village felt differently about the clinic. But since Don Rosas was more powerful than the others, he was in a better position to do something about his antagonism. Rather than an evil individual, Don Rosas can be taken as a symbol of the traditional practitioner everywhere who is being deprived of his status and importance by the advance of modern medicine.

177 743 661 But aside from the threat to traditional medicine, we have seen that Don Rosas was not alone in opposing the clinic. In fact, virtually every established political figure in Tepoztlán—the mayor, the school principal, the councilmen, the secretary, and others—had or found reasons for sabotaging the clinic. If we are to attribute personal villainy to Don Rosas, we must do the same for the whole of Tepoztlán officialdom. And we must also include the governor and senator of the state of Morelos. Rather than conclude that this just happened to be a particularly corrupt regime and expect the next one to be different, it would seem more rational to consider this state of affairs as something inherent in the culture of Tepoztlán and, in fact, of many communities.

Instead of explaining the attack on the medical clinic in Tepoztlán as the unscrupulous work of a fortuitous aggregation of villains, it would be more realistic to regard it as a special case of a general response to the introduction of any new enterprise into an established community. Whenever the activities of an outside group—health team, research project, or any enterprise affecting the pattern of interpersonal relations within a community